

ENTRY BLANK

PLEASE TYPE OR PRINT

Entered previous May Show

yes no

Ms.

Mr. Artist

GERALD KRAMER

(Last Name Last)

Permanent Address

2565 OVERLOOK RD., CLEVE. HTS.,

Street

City

44106

Tel. (216) 932-6071

Zip

Area Code

Temporary or
Studio Address

Street

City

Tel. ()

Zip

Area Code

If you do not presently live in one of the counties of the Western Reserve, which county were you born in? _____

Collaborator _____

(If Any)

If May Show entries are not accepted or not sold:

Artist will pick up at Museum.
 Museum should dispose of.
 Museum should ship to artist C.O.D. at this address:

Special Instructions

When necessary include below instructions or a drawing of how the object is to be assembled and displayed.

This entry blank must be fully made out and signed. Unsigned entry blanks will not be accepted.

Note carefully calendar for delivery and return of objects. It is understood that the Museum will have the right to dispose for its own account any objects not called for by the dates listed.

It is also understood that accepted objects will remain on exhibition until July 17, 1983.

The submission of objects will be construed as acceptance of all conditions printed in the entry information.

Signature

Gerald Kramer

DO NOT DETACH

DO NOT DETACH

ENTRY BLANKS**1**

1. Paintings 2. Graphics 3. Photography
 4. Sculpture 5. Crafts

Materials

ACRYLIC

Title

"ONE WAY"

Price or NFS \$200	Insurance Value if NFS Only	Size 20"x20"
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GRAPHICS AND PHOTOGRAPHY ONLY

Additional No. For Sale	Total No. in Edition	Price Unframed	Price of Frame
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ACCEPTED	DO NOT WRITE IN THIS SECTION	ACCEPTED
REJECTED <i>X</i>		REJECTED

2

1. Paintings 2. Graphics 3. Photography
 4. Sculpture 5. Crafts

DETACH

Materials

ACRYLIC

Title

IN A NEW LIGHT

6

Price or NFS \$1000	Insurance Value If NFS Only	Size 54"X54"
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GRAPHICS AND PHOTOGRAPHY ONLY

Additional No. For Sale	Total No. in Edition	Price Unframed	Price of Frame
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ACCEPTED <i>X</i>	DO NOT WRITE IN THIS SECTION <i>178(1)</i>	ACCEPTED <i>X</i>	RECEIVED
REJECTED		REJECTED	DATE